

NEW HAMPSHIRE DEPARTMENT OF SAFETY

Division of Fire Standards & Training

Richard M. Flynn Fire Academy

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Academy Use Only

Course/Module Request Form

Agency Name:

Agency Address:

Agency Representative:

Agency Phone:

Course Dates:

Course Module:

Course Location:

Students:

Course Coordinator:

Address:

Telephone:

Primary Instructor:

Address:

Instructor:

Address:

Instructor:

Address:

I, as Course Coordinator or Primary Instructor, do hereby agree to offer the above-named course/module in accordance with the rules, regulations, course module outlines, and tests adopted or approved by the New Hampshire Fire Standards & Training Commission.

Signature of the Course Coordinator or Primary Instructor: _____ Date: _____

I, as representative of the agency sponsoring the course/module, do hereby pledge our agency's support of the course/module and agree to insure that the course/module is conducted in accordance with the rules, regulations, course/module outlines, guides, and tests as adopted by the New Hampshire Fire Standards and Training Commission.

Signature of Agency Representative: _____ Date: _____

** Bureau Chief: _____ Date: _____

** Prepared by: _____ Date: _____

** Signature required for course/module approval.